

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3069AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2008
NAME OF PROVIDER OR SUPPLIER SUNSHINE RETIREMENT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 316 LACY LANE LAS VEGAS, NV 89107		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the state licensure complaint survey conducted at your facility on 12/16/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 9 total beds, with 4 beds classified as Category 1 and 5 beds classified as Category 2 beds.</p> <p>The facility had the following endorsements:</p> <p>Residential facility for elderly or disabled persons</p> <p>Residential facility for persons with chronic illnesses</p> <p>The census at the time of the survey was 7. One sample resident file was reviewed and 0 employee files were reviewed.</p> <p>The following complaint was reviewed:</p> <p>NV00019389 - Unsubstantiated (with unrelated deficiencies #895, #896, #897, and #899).</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified at the time of the survey:</p>	Y 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 895 Y 895 SS=D	Continued From page 1 449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to record the type of medication administered to a resident (#1). Findings include: On 12/16/08 in the afternoon, Resident #1's file contained a "personal data" sheet with an admission date of 08/20/08. A hospice transfer order/care plan listed Resident #1's medication with the following detail: Zantac 150 milligrams by mouth twice daily Dexamethasone 4 milligrams by mouth mornings daily Tylenol 325 milligrams 1-2 tablets by mouth every 8 hours as needed for mild pain or headache Roxanol 5 milligrams by mouth every hour as needed for pain/shortness of breath Lorazepam .5 milligrams by mouth every 4 hours	Y 895 Y 895			

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Y 895	Continued From page 2 as needed for anxiety/shortness of breath Senna-S 1 tablet by mouth twice daily as needed for constipation Trazodone 100 milligrams by mouth at bedtime as needed for insomnia; may repeat once Oxygen at 2 Liters per minute via nasal cannula as needed for shortness of breath or dyspnea Resident #1's file lacked a medication administration record indicating administration of scheduled medications for August 2008. On 12/16/08 in the afternoon, the administrator indicated she did not remember Resident #1. Severity: 2 Scope: 1	Y 895			
Y 896 SS=D	449.2744(1)(b)(2) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered. This Regulation is not met as evidenced by: Based on record review, the facility failed to record the date and time of medication administration to a resident (#1).	Y 896			

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Y 896	Continued From page 3 Findings include: On 12/16/08 in the afternoon, Resident #1's file contained a "personal data" sheet with an admission date of 08/20/08. A hospice transfer order/care plan listed Resident #1's medication with the following detail: Zantac 150 milligrams by mouth twice daily Dexamethasone 4 milligrams by mouth mornings daily Tylenol 325 milligrams 1-2 tablets by mouth every 8 hours as needed for mild pain or headache Roxanol 5 milligrams by mouth every hour as needed for pain/shortness of breath Lorazepam .5 milligrams by mouth every 4 hours as needed for anxiety/shortness of breath Senna-S 1 tablet by mouth twice daily as needed for constipation Trazodone 100 milligrams by mouth at bedtime as needed for insomnia; may repeat once Oxygen at 2 Liters per minute via nasal cannula as needed for shortness of breath or dyspnea Resident #1's file lacked a medication administration record indicating administration of scheduled medications for August 2008. Severity: 2 Scope: 1	Y 896		
Y 897 SS=D	449.2744(1)(b)(3) Medication / MAR	Y 897		

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Y 897	<p>Continued From page 4</p> <p>NAC 449.2744</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <p>(3) The date and time that a resident refuses, or otherwise misses, an administration of medication.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to record the date and time a resident missed an administration of medication (#1).</p> <p>Findings include:</p> <p>On 12/16/08 in the afternoon, Resident #1's file contained a "personal data" sheet with an admission date of 08/20/08. A hospice transfer order/care plan listed Resident #1's medication with the following detail:</p> <p>Zantac 150 milligrams by mouth twice daily</p> <p>Dexamethasone 4 milligrams by mouth mornings daily</p> <p>Tylenol 325 milligrams 1-2 tablets by mouth every 8 hours as needed for mild pain or headache</p> <p>Roxanol 5 milligrams by mouth every hour as needed for pain/shortness of breath</p> <p>Lorazepam .5 milligrams by mouth every 4 hours as needed for anxiety/shortness of breath</p>	Y 897			

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Y 899	<p>Continued From page 6</p> <p>Based on record review, the facility failed to indicate who assisted a resident in the administration of medication (#1).</p> <p>Findings include:</p> <p>On 12/16/08 in the afternoon, Resident #1's file contained a "personal data" sheet with an admission date of 08/20/08. A hospice transfer order/care plan listed Resident #1's medication with the following detail:</p> <p>Zantac 150 milligrams by mouth twice daily</p> <p>Dexamethasone 4 milligrams by mouth mornings daily</p> <p>Tylenol 325 milligrams 1-2 tablets by mouth every 8 hours as needed for mild pain or headache</p> <p>Roxanol 5 milligrams by mouth every hour as needed for pain/shortness of breath</p> <p>Lorazepam .5 milligrams by mouth every 4 hours as needed for anxiety/shortness of breath</p> <p>Senna-S 1 tablet by mouth twice daily as needed for constipation</p> <p>Trazodone 100 milligrams by mouth at bedtime as needed for insomnia; may repeat once</p> <p>Oxygen at 2 Liters per minute via nasal cannula as needed for shortness of breath or dyspnea</p> <p>Resident #1's file lacked a medication administration record indicating administration of scheduled medications for August 2008. The file failed to indicate who or if anyone administered Resident #1's scheduled medications for August</p>	Y 899			

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Y 899	Continued From page 7 2008. Severity: 2 Scope: 1	Y 899			

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